



MONTCALM
GOLF CLUB

A Private Place of Calm and Pure Golf

PO Box 486, Lebanon, New Hampshire 03766

Membership (603) 828.2485 • Golf Shop (603) 448.5665

membership@montcalmgolfclub.com • www.montcalmgolfclub.com



APPLICATION FOR MEMBERSHIP

Please complete the following in full:

Name: _____ Spouse _____

Primary (Billing) Residence: _____
Street City State Zip Code

Summer Residence: _____
(If different) Street City State Zip Code

I would prefer my monthly statements to be E-mailed to: _____

Secondary or Spouse E-Mail Address: _____

Telephone(s) Home:(_____) _____ Cell:(_____) _____ Spouse Cell:(_____) _____

Date of Birth ____/____/____ Date of Birth (Spouse) ____/____/____

Unmarried Children of applicant(s) living at home under age 21, or under 23 if attending college full time.

List by Name	Age	Date of Birth	Male	Female
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

MEMBERSHIP CLASSIFICATIONS

I hereby apply for the following Membership at Montcalm Golf Club: (select one)

- FAMILY YOUNG PROFESSIONAL FAMILY NON-RESIDENT FAMILY
- SINGLE YOUNG PROFESSIONAL SINGLE NON-RESIDENT SINGLE
- CORPORATE NEXT GENERATION OTHER

All memberships are Non-Voting and Non-Equity. Classifications, Dues and Fees may be modified by the club from time to time. There will be no assessments or monthly minimum spending requirements.



APPROVAL OF MEMBERSHIP:

I understand that this application will not be acted upon unless fully completed, signed and accompanied by the requisite application fee. Membership is contingent upon the approval by the Club in the Club's sole and absolute discretion. It is agreed that if this application is not acted upon favorably, the application fee shall be promptly returned or refunded and this agreement shall terminate. It is the policy of the Club not to discriminate in any manner against any applicant.

APPLICATION FEE:

A \$500 application Fee must accompany each application and will be credited to your account upon acceptance. If annual dues are submitted with application, the application fee will not apply.

MONTHLY BILLING OPTION:

Name on Credit Card _____ **Expiration Date** _____

Monthly statements are due and payable upon receipt. Accounts unpaid by the end of the month will result in loss of charge privileges. If unpaid by the end of the second month, club usage is suspended.

AMEX / MC / VISA / DISCOVER (please circle one if you wish for your monthly bill to be billed to your credit card)

ACCOUNT # _____

Please sign application below.

Date: _____

Signature: _____

Applicant

APPROVED AND ACCEPTED:

Montcalm Golf Club LLC

By: _____

Date: _____

If you have any members who referred you, please list below:

Sponsor: _____

Print Name

Sponsor: _____

Print Name

PO Box 486, Lebanon, New Hampshire 03766

Membership (603) 828.2485 • Golf Shop (603) 448.5665

membership@montcalmgolfclub.com • www.montcalmgolfclub.com